DIRECT ENTRY MIDWIFE
MINUTES
JUNE 9, 2006

CONDUCTING:	Holly Richardson
CONVENED:	1:05 p.m.
ADJOURNED:	4:10 p.m.
MEMBERS PRESENT:	Suzanne Smith Holly Richardson Krista Black Heather Johnston Vivian Giles
DIVISION STAFF:	Laura Poe, Bureau Manager Shirlene Kimball, Secretary Craig Jackson, Div Director (1:15-2:05)
GUESTS:	Shannon Barnes Tara Tulley

TOPIC OF DISCUSSION:	**DECISIONS/RECOMMENDATIONS:**
APRIL 14, 2006 MINUTES:	Approved with corrections.
REVIEW COMMENTS ON PROPOSED RULES:	Ms. Richardson indicated that the comments reviewed were the same as those received in December and April. Board members feel they are currently at an impasse. Ms. Smith indicated that the medical profession will never be comfortable with home birth because of the different model of care. She stated it is almost like speaking different languages, the terms are the same, but the meaning is different. The Proposed Draft dated June 7, 2006 was reviewed. Definitions section: (3) Appropriate provider: Board members stated that a reasonable provider is defined well enough. A

Motion was made to leave the definition as is without the additional wording. The definition would read: "means a licensed provider who is an appropriate contact person based on the provider's level of education and scope of practice." Ms. Smith seconded the Motion. All Board members in favor.

(12) Normal Birth: Ms. Poe indicated that there is a legitimate concern regarding the definition of normal birth and that the Board needs to define essentially normal pregnancy. She indicated that the World Health Organization has a definition. Ms. Richardson indicated that 80% of all women expect a low risk pregnancy at the beginning, but she does not agree with WHO that they may become high risk. Ms. Johnston indicated that the World Health Organization definition applies to all countries which have different risks. Ms. Smith indicated she has a problem with the WHO definition and expressed concern at defining essentially normal pregnancy. Board members indicated that the definition could be birth that is a non pharmacology induced labor with a reasonable expectation by the LDEM and mother for a good outcome for mother and baby.

Board members discussed who would decide what is an acceptable risk. Ms. Black indicated the LDEM would inform the mother of the risk, and the mother would determine.

Board members indicated there was a joint effort between the Direct Entry Midwives and the CNM's to come up

with the different buckets. Ms. Poe indicated that the problem is that the midwives worked on one part, and UMA worked on another, and the Act ended up in conflict.

Standards of Practice section:
(1) Consultation (a) antepartum:
(1)(a)(i): Ok.
(1)(a)(iv) Severe vomiting: Ms. Smith made a Motion to leave in consultation. Ms. Black seconded the Motion. Board members discussed the motion. The Motion was withdrawn. Board members indicated this needs to be moved to mandatory transfer.
(2) Collaborate (a) antepartum:
(2)(a)(iv) Primary outbreak of genital herpes should be in the waivaeable transfer.
(2)(a)(v) mild hypertension: leave as drafted. Ms. Black made a Motion to accept as worded. Ms. Giles seconded the Motion. All Board members in favor.
(4) Transfer (a) antepartum
(4)(a)(iv) Rh isoimmunization: Move to mandatory transfer.
(4)(a)(vi) insulin-dependent diabetes. Move to mandatory transfer.
(4)(a)new section: add: two previous c-sections. If there have been three previous c-sections, it goes into mandatory transfer.
(4)(a)new section: history of previous preterm delivery less than 34 weeks: Ok.
(4)(a) eliminate: any pregnancy induced hypertension.
(4)(a) new section: history of post partum bleed. Ok.
(4)(a) eliminate: previously obstructed delivery or retained placenta. Ms.

Black made a Motion to eliminate this wording. Ms. Smith seconded the Motion. All Board members in favor.
(4)(a)(ii) Mild preeclampsia. OK.
(4)(a) add: confirmed breech.
(4)(b) intrapartum:
(4)(b)(i) suspected chorioamnionitis. Ms. Black made a Motion to move this section to mandatory transfer. Ms. Johnston seconded the Motion. All in favor. Presistant oligohydramnios not responding to treatment moved to transfer waiveable antepartum.
(4)(b)(iii) visible genital lesions: Ok
(4)(b)(iv) moderate hypertension. Ok.
(5) Mandatory Transfer (a) antepartum.
(5)(a)(xii) primary outbreak of genital herpes. Move to transfer waiveable.
(5)(b) intrapartum: new section: onset of labor with positive strep. Ms. Black made a Motion to remove this wording. Ms. Smith seconded the Motion. All Board members in favor.

Ms. Giles made a Motion to add to mandatory transfer: Significant vaginal bleeding beyond 20 weeks not consistent with normal pregnancy and posing a continuing risk to mother and or baby. Ms. Smith seconded the Motion. All Board members in favor.

Ms. Poe indicated she will e-mail the changes to Board members for review. Board members will need to e-mail the changes back by June 12, 2006 so that the rules can be filed. Ms. Poe will try to have the Rules filed by June 15, 2006, printed in the bulletin by July 1, 2006 and have a Hearing July 14, 2006.

DISCUSSION:

Ms. Poe indicated that at the American College of Nurse Midwives meeting concern was expressed that Direct Entry Midwives were attending workshops that were outside their scope of practice. Board members indicated that they attend workshops for continuing education credits and to increase their knowledge so they can fully inform their clients.

REPORT ON NUMBER OF LICENSEES:

Ms. Poe reported there are currently eight individuals licensed as LDEM's.

ANNUAL REPORT TO THE HEALTH AND HUMAN SERVICES INTERIM COMMITTEE:

Ms. Smith indicated that MANA will not give the Division the outcome information. The Board will need to have the LDEM's provide the Division with a print-out of the data forms. They will need to submit the outcomes from date of licensure through August 31, 2006. The information the Board will be looking for is maternal and infant morbidity/mortality, number of transfers and transfer rate, outcomes, c-section rate, method of transfers, NICU stays, length of stay, number of episiotomies, number of breech births, number of clients requiring post-partum oxytocin for hemorrhaging. Ms. Poe will draft a letter for review at the next meeting. The letter will then be sent out to LDEMs requesting them to respond in July. Ms. Poe indicated complaints are confidential, but the Division can report the number of complaints and type of complaints. Once the rules are in place, the Board will meet in October to put the report together.

NEXT MEETING: The next meeting is tentatively scheduled for July 14, 2006 at 1:00 p.m. If the Rules are not filed and a Rules Hearing cannot be held that date, the alternate date would be July 21, or August 11, 2006.

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HOLLY RICHARDSON, CHAIR DATE

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LAURA POE, BUREAU MANAGER DATE